PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

FS(x-030388-U5

| CLAIMS | AS FILED - PART | • [| | 600 | | 05 | |
|---|--|----------------------------|-------------------|--|---------|--|------------------------|
| | (Column 1) | (Column 2) | SMALI TYPE | ENTITY | OR | | R THAN ENTITY |
| TOTAL CLAIMS | 69 | | RATI | E FEE | | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC | EE 355.00 | OR | BASIC FEE | + |
| TOTAL CHARGEABLE CLAIMS | 6 69 minus 20= | . 49 | X\$ 9 | | | X\$18= | 882 |
| INDEPENDENT CLAIMS | _3 minus 3 = | 6 | X40= | | OR | | 002 |
| MULTIPLE DEPENDENT CLAIM | PRESENT | | | *** | OR | X80= | |
| * If the difference in column 1 | is less than zero, ente | er "0" in column 2 | +135= | 1000 | OR | +270= | |
| | | | TOTA | A Constitution | OR | TOTAL | 1592 |
| (Column 1 | AMENDED - PAR (Colu | | SMAI | L ENTITY | OR | OTHER SMALL | |
| CLAIMS | HIGH | | OIIIAL | | UN F | SWALL | |
| AFTER AMENDMEN | PREVI | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total · (08 | Minus ** (| 9 0 | X\$ 9= | | OR | X\$18= | |
| Independent + S | Minus *** | 3 0 | X40= | | OR | X80= | |
| FIRST PRESENTATION OF | MULTIPLE DEPENDENT | CLAIM | 105 | | | arin'il sara | |
| | | | +135= TOTA | 2.000 | OR | +270= TOTAL | |
| | | | ADDIT. FE | | OR A | DDIT. FEE | <u> </u> |
| (Column 1) | (Colur | | | | | | |
| REMAINING | NUMI | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| AFTER AMENDMENT Total Independent | Minus ** | = | X\$ 9= | | DR | X\$18= | FEE |
| Independent * | Minus *** | | X40= | to the second se | | 70 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| FIRST PRESENTATION OF N | 740= | (| OR _ | X80= | | | |
| | | | +135= | | DR _ | +270= | |
| | • | | TOTAL ADDIT. FEE | | OR AL | TOTAL DDIT. FEE | |
| (Column 1) | (Colum | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total | HIGHE NUMB PREVIO PAID F | BER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| Total * | Minus ** | = | X\$ 9= | | | X\$18= | FEE |
| Independent + | Minus *** | = | | O | R | | |
| FIRST PRESENTATION OF M | ULTIPLE DEPENDENT | CLAIM | X40= | 0 | R | X80= | |
| If the entry in column 1 is less than | he entry in column 2 write ' | '0" in column 3 | +135= | O | R | +270= | 71 |
| * If the "Highest Number Previously F **If the "Highest Number Previously F The "Highest Number Previously Pa | aid For" IN THIS SPACE is aid For" IN THIS SPACE is | less than 20, enter "20." | TOTAL, ADDIT. FEE | O propriete bay in | ΑU | TOTAL DIT. FEE | |